

CANDIDATE ADVERTISEMENT AGREEMENT FORM

See **Order** for proposed schedule and charges. See **Invoice** for actual schedule and charges.

I, Ryan Horn, hereby request station time as follows:

IDENTIFY CANDIDATE TYPE ➡

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FEDERAL CANDIDATE

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STATE OR LOCAL CANDIDATE

ALL QUESTIONS/BLOCKS MUST BE COMPLETED

Candidate name:

Robin Stevens

Authorized committee:

Robin Stevens for Nebraska Board of Education

Agency requesting time (and contact information):

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N/A Bullhorn Communications info@bullhorncomms.com 855-396-4676

Candidate's political party:

Republican

Office sought (no acronyms or abbreviations):

Nebraska State Board of Education (District 7)

Date of election:

5/10/2022

☐

General

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Primary

Treasurer of candidate's authorized committee:

Caroline Scott

The undersigned represents that:

(1) the payment for the broadcast time requested has been furnished by (check one box below):

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the candidate listed above who is a legally qualified candidate, or

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the authorized committee of the legally qualified candidate listed above;

(2) this station is authorized to announce the time as paid for by such person or entity; and

(3) this station has disclosed its political advertising policies, including applicable classes and rates, discount, promotion and other sales practices.

THIS STATION DOES NOT DISCRIMINATE OR PERMIT DISCRIMINATION ON THE BASIS OF RACE OR ETHNICITY IN THE PLACEMENT OF ADVERTISING.

Candidate/Committee/Agency

Signature:

Ryan Horn

Digitally signed by Ryan Horn
Date: 2022.03.31 15:12:22 -05'00'

Name: Ryan Horn

Date of Request to Purchase Ad Time: 3/31/2022

Station Representative

Signature:

Samantha Lunewitz
Samantha Lunewitz

Name:

Date of Station Agreement to Sell Time: 4/19/22

Federal Candidate Certification:

The undersigned hereby certifies that the broadcast matter to be aired pursuant to this disclosure either (1) does not refer to an opposing candidate or, if it does, (2) contains a clearly identifiable photograph or similar image of the candidate for a duration of at least four seconds and a simultaneously displayed printed statement identifying the candidate, that the candidate approved the broadcast and that the candidate and/or the candidate's authorized committee paid for the broadcast or if radio programming, contains a personal audio statement by the candidate that identifies the candidate, the office being sought and that the candidate has approved the broadcast.

Candidate/Authorized Committee/Agency

Signature:

Name:

Date:

TO BE COMPLETED BY STATION ONLYAd submitted to Station? ☒ Yes ☐ NoDate ad received: 4/19/22Federal candidate certification signed (above): ☐ Yes ☐ No ☐ N/A

Disposition:

☒ Accepted☐ Accepted IN PART (e.g., ad copy not yet received to determine sponsor ID)*☐ Rejected – provide reason (optional):

*Upload partially accepted form, then promptly upload updated final form when complete.

Date and nature of follow-ups, if any (e.g., insufficient sponsor ID tag):

Contract #: 81053Station Call Letters: KXNP-FMDate Received/Requested: 4/19/22Est. #: 71Station Location: North PlatteRun Start and End Dates: 4/20/22 - 4/29/22

Upload order, this form and invoice (or traffic system print-out) or other documents reflecting this transaction to the OPIF or use this space to document schedule of time purchased, when spots actually aired, the rates charged and the classes of time purchased or attach separately. If station will not upload the actual times spots aired until an invoice is generated, the name of a contact person who can provide that information immediately should be placed in the "Terms and Disclosures" folder in the OPIF.

Sales Order

Station: **KXNP-FM** Agency: **Bullhorn Communications**
 Contract Name: **22primaryROBINKXNP** Address: **5016 Webster Street**
 Contract#: **81053** City: **Omaha** State: **NE** Zip: **68132**
 Start Date: **4/18/22** End Date: **4/29/22** Buyer: _____
 Revenue Type: **Regional Political** Type: **Cash** Tax Schedule: **(None)**
 Advertiser: **Robin Stevens Board of Ed** Agency Commission %: **15**
 Address: _____ Billing Cycle: **Standard**
 City: _____ State: _____ Zip: _____ Salesperson: **1519blok** Comm %: **0**
 Product Name: **Primary** Makegood Policy: **Within Contract Dates**
 Estimate #: **71**
 Competitive Code: **Political**

No	DATES		Alt wks	TIMES		LEN	DISTRIBUTION										RATE	TOTALS		PTY
	START	END		START	END		M	T	W	T	F	SA	SU	Per Wk	D/W	SPOTS		\$\$		
1	4/18/22	4/22/22		6:00 AM	10:00 AM	60	X	X	X	X	X			8	W	20.00	8	160.00	2	
2	4/18/22	4/22/22		10:00 AM	3:00 PM	60	X	X	X	X	X			7	W	20.00	7	140.00	2	
3	4/18/22	4/22/22		3:00 PM	7:00 PM	60	X	X	X	X	X			8	W	20.00	8	160.00	2	
4	4/25/22	4/29/22		6:00 AM	10:00 AM	60	X	X	X	X	X			15	W	20.00	15	300.00	2	
5	4/25/22	4/29/22		10:00 AM	3:00 PM	60	X	X	X	X	X			15	W	20.00	15	300.00	2	
6	4/25/22	4/29/22		3:00 PM	7:00 PM	60	X	X	X	X	X			15	W	20.00	15	300.00	2	

Billing Projections: By Month

	Apr 22	May 22
CA	1,360.00	0.00
ST	460.00	900.00

☒ Print Spot Prices

TOTAL SPOTS **68**
 GROSS TOTAL \$ **1,360.00**
 ADJUSTED SPOTS **68**
 ADJUSTED TOTAL \$ **1,360.00**

APPROVE DECLINE

☐☐

General Manager

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Sales Manager

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1520slun, 04/19/22 @2:49PM

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